



## 2024 Patron Pew & Ticket Order Form

		ation iew & iek			
Business Name		Contact Name			
Address		City State Zip_		State Zip	
Phone		Email			
	— Select the p	erformance you v	vould like to atte	n <b>d:</b> ———	
Thursday, December 12th   7:30 p.m.					
Friday, December 13th   7:30 p.m Saturday, December 14th   7:30 p.m Sunday, December 15					7:30 p.m.
	_	I will need Limited M	obility Seating		
*An American Sign La	inguage interpreter will be at	the Saturday, Dec. 14th 1:00	) p.m. performance.		
		Ticket Purchase	Options ——		
Patron Pew purch Friday and Saturn Number of tick Name as you w With a Patron I	o purchase a Patron Pew for ase includes front area seating for day Evening performances, 1/4 parets requested (Patron Pew in ould like it to appear in the parety pour receive the same graphic as recent parallel like a new greeting, please	up to 10, invitation to the Patro age Christmas greeting and name includes up to 10 tickets): arogram: a 2.625"x3.75" promotional st (if applicable)	e listed in the show program.	performance program: eeting graphic (.eps, emat due Oct. 31*)	\$
I would like to purchase individual Patron tickets (\$160 each). Qty: x \$160					\$
I would like to purchase individual General Admission tickets (\$45 each). Qty: x \$45					\$
I am unable to attned this year's concert but would like to donate.					\$
			TOT/	AL AMOUNT DUE	\$
		Payment Inform			
Pay by check Check #		Pay by credit card. A 3.5% processing fee will be applied to all credit card transaction.  Credit card #			d transactions.
Payable to CCFESD		Exp. date:	/ CVC		
Please return form to:  CCFESD OR 523 N Duluth Ave. scan and email to events@ccfesd.org		Aryn Ho foundationmarket 605-988	d program greeting graphic to Aryn Hollaren tionmarketing@ccfesd.org 605-988-3735  Deadline: Oct. 31  For more informarketing or call 605-988		/events

\_ Ticket #s\_

OFFICE USE TB \_\_\_\_ CL \_\_\_ SS \_\_\_ CC \_\_\_ Date Mailed \_\_